REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2 Serial/Patent #1 0/519880					19880
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
Filing		1		12/30/04	\$ 100
Amendment					\$
Extension of Time			· · · · · ·		\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.					\$
Maintenance					\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT S /O			\$ 100
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment			C	redit Dep	osit A/C #:
Duplicate Payment			9 2	3 0	0650
No Fee Due (Explanation):		<u></u>			***************************************
11 REFUND REQUESTED BY: TYPED/PRINTED NAME: # JOHNSON TITLE: MANNEAU					
				HONE:	18-914D
DIGNATURE:					
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B